

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 20959/2130 (P 63013)
<p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>	<p>In re Application of Moszner et al.</p> <hr/> <div style="display: flex; justify-content: space-between;"> Application Number 10/656,465 Filed September 5, 2003 </div> <p>For DENTAL POLYMER FILM</p> <hr/> <div style="display: flex; justify-content: space-between;"> Group Art Unit 3732 Examiner Melba Bumgarner </div>	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ _____ <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) \$ _____ <input checked="" type="checkbox"/> Second and Third month (37 CFR 1.17(a)(3)) - (\$525/\$1050) (\$930 – three month extension of time fee minus \$120 paid for one-month extension of time \$ <u>930</u> <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) \$ _____ </div> <div style="margin-left: 20px; margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet. </div> <p style="margin-top: 10px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <div style="margin-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</div> <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). <div style="margin-left: 40px;">Registration number if acting under 37 CFR 1.34(a) _____.</div> </p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ /Joseph M. Noto/ Signature</p> <p>_____ Joseph M. Noto Typed or printed name</p> </div> <div style="text-align: center;"> <p>_____ October 17, 2007 Date</p> <p>_____ (585) 263-1601 Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<input type="checkbox"/> Total of _____ forms are submitted.		

SEND TO: Commissioner for Patents
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